

DEPARTMENT OF COMMUNITY HEALTH

2 PEACHTREE STREET, NW

35th FLOOR

ATLANTA, GEORGIA 30303-3159

Request for Proposal Number: 419-03-00394

Addendum Number: 1, Dated: April 6, 2004

Commodity or Service: Services Expansion of Urban Based FQCH – Chronic Hypertension

Requesting Agency: Department of Community Health

Bids Initially Posted: March 31, 2004

Contracting Officer: Arnita E. Woodard

Telephone Number: (404) 651-6184

Proposal Due and Opening Date: April 23, 2004 Time: 1:00 PM EST

This addendum issued to **change the word rural to “urban” on the revised pages. Please ensure that the Proposal Signature and Certification Page is signed and returned with your proposal.**

NOTE: **A signature on this addendum does not constitute your signature on the original bid document. The original bid document must also be signed in the proper place.**

Firm Name

Signature

Typed Name and Title

Date

Addendum #1

April 6, 2004

Request for Proposal Number 419-03-00394

1. Remove page 4; replace with revised page 4 (Change rural to urban).
2. Remove page 5; replace with revised page 5 (Change rural to urban).
3. Remove page 13; replace with revised page 13 (Change rural to urban).
4. Remove page 27; replace with revised page 27 (Change rural to urban).

Please sign this Addendum in the space provided below and return with your response to this RFP.

Company Name

Authorized Signature

Date

4. PROJECT STATEMENT OF WORK

The following areas have been determined as technical mandatory requirements for the Project Scope. The successful Offeror must be able to meet each of the following requirements. Offerors will indicate their understanding and ability to perform these tasks on the form provided at Appendix A to the RFP in addition to responding to the requirements in their Technical Proposal.

a) **Mandatory Project Specifications**

1. Offeror must be located in an urban community with a population more than 35,000 and be able to provide a plan for improving healthcare access for the targeted population (the indigent, the poor, Medicaid, PeachCare members and the uninsured and underinsured) who has been diagnosed with chronic hypertension.
2. Offeror must establish, or show evidence of establishment of, regional **urban** health partnerships, which shall include, but are not limited to, local community-based agencies, private providers, acute care or specialty practices or both and hospitals. Copies of an executed Memorandum of Agreement or Understanding between Offeror and their key partner(s) must be included with the Offeror's response to the RFP.
3. Offeror must be, and remain, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure security and confidentiality of the data and records associated with this RFP.
4. Offeror must provide client performance references for the immediate past three (3) years. Additionally, Offeror must include referenced from any other state and governmental entity that Offeror has done, or is currently doing, business with whether they are within or outside of the timeframe previously specified. **DCH will consider the performance history from Offerors who have or are currently doing business with the DCH, ORHS, or any other agency in the State of Georgia in the evaluation phase of this procurement.**
5. Offeror must complete a "Community and User Characteristics Sheet," which is attached to the RFP, that documents the need for the expansion of primary health care service and incorporates the county of service's ranking on Georgia's Primary Care Access Plan (GPCAP) on the sheet. The geographic area with the greatest need will be given priority consideration based on GPCAP and other need documentation.

(The specifications detailed within this section will be developed into a Checklist ([Appendix A](#)) that will require firms to agree to all of the Mandatory Project Specifications listed and firms will be required to return Appendix A as a part of

their technical proposal.)

b) Desirable Project Specifications

The successful Offeror will be required to expand primary health care services through *an urban* FQHC by increasing the number of indigent that have access to primary health care service. Offeror will be required to do the following:

1. Provide a plan to expand primary health care services to target communities that includes, at a minimum, services for the indigent (the poor, Medicaid, PeachCare and the uninsured and underinsured). Services should be provided regardless of the member's ability to pay. The service provision should be coordinated with the regional health partnerships, which are made up of local community-based agencies, private providers office, acute care or specialty practices or both, hospitals, etc.
2. Provide documentation of targeted patient encounters and visits for proposed primary health care clinic services to include referrals made to local behavioral health services, social case management programs and oral health care providers. There must be a measurable increase in the number of new indigent members served.
3. Provide tracking of occurrences of preventive services, chronic disease treatment, health education and outreach services to the indigent patients in the target region.
4. Develop a tracking system to monitor the number of patients served through this effort at the Community Health Centers by payer mix, demographics, etc... as well as developing measurement criteria to evidence the patient's health improvement as a result of the patient's participation in preventative screenings and regular examinations.
5. Provide additional primary health care-related activities that could include, but are not limited to: facilitating regular, local and regional community development events to encourage stakeholder involvement in the development of services; development and implementation of measurable preventive and chronic disease programs that are able to track evidence of improved healthcare status for neighborhood citizens; and initiatives to improve access to acute care and emergency medical services, etc.
6. Provide clear linkages to acute, outpatient and specialty providers.
7. Provide evidence on the impact that direct partnerships with other major entities such as public health officials and the local county governmental structure have on the health and welfare of community residents.

APPENDIX A AGREEMENT TO MANDATORY PROJECT SPECIFICATIONS

All mandatory requirements listed in Section A.4.a. of the RFP are presented below. Proposer should indicate their understanding of these mandatory requirements and their agreement to satisfy these mandatory requirements by placing the word “Yes” by each requirement.

This checklist is provided for the convenience of proposers, but it is the proposer’s responsibility to review the entire RFP and ensure response is made to all requirements.

Failure to place “yes” by each mandatory requirement may cause the Department to reject the proposal.

Proposers must meet all of the following mandatory requirements to be considered for evaluation under this RFP.

_____A. Mandatory Specification 1

Offeror must be located in an urban community with a population more than 35,000 and be able to provide a plan for improving healthcare access for the targeted population (the indigent, the poor, Medicaid, PeachCare members and the uninsured and underinsured) who has been diagnosed with chronic hypertension.

_____B. Mandatory Specification 2

Offeror must establish, or show evidence of establishment of, regional **urban** health partnerships, which shall include, but are not limited to, local community-based agencies, private providers, acute care or specialty practices or both and hospitals. Copies of an executed Memorandum of Agreement or Understanding between Offeror and their key partner(s) must be included with the Offeror’s response to the RFP.

_____C. Mandatory Specification 3

Offeror must be, and remain, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure security and confidentiality of the data and records associated with this RFP.

_____D. Mandatory Specification 4

Offeror must provide client performance references for the immediate past three (3) years. Additionally, Offeror must include referenced from any other state and governmental entity that Offeror has done, or is currently doing, business with whether they are within or outside of the timeframe previously specified. **DCH will consider the performance history from Offerors who have or are currently doing business with the DCH, ORHS, or any other agency in the State of Georgia in**

THIS AGREEMENT, with an effective date of [REDACTED], is made and entered into by and between the Georgia Department of Community Health (hereinafter referred to as “DCH” or the “Department”) and [REDACTED] (hereinafter referred to as the “Contractor”) a **(insert type of business entity)**.

WHEREAS, the Georgia Department of Administrative Services (“DOAS”) is charged with the responsibility of procuring goods and services on behalf of state agencies, pursuant to Official Code of Georgia Annotated (hereinafter referred to as “O.C.G.A.”) § 50-5-050, et. seq.;

WHEREAS, DCH has caused Request for Proposals Number _____ (hereinafter the “RFP”) to be issued through DOAS, which is expressly incorporated as if completely restated herein;

WHEREAS, DCH has received from Contractor a proposal in response to the RFP, “Contractor’s Proposal,” which is expressly incorporated as if completely restated herein; and,

WHEREAS, DCH accepts Contractor’s Proposal to provide various services for the Department.

NOW, THEREFORE, FOR AND IN CONSIDERATION of the mutual promises, covenants and agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, **(insert Party’s name)** and **(insert Party’s name)** (each individually a “Party” and collectively the “Parties”) hereby agree as follows:

1. SCOPE OF SERVICE/ STATEMENT OF WORK

The Contractor will facilitate the expansion of primary care services through *an Urban Federally Qualified Health Center* (hereinafter “Urban FQHC”). The goal of this Contract is to increase the number of indigent persons, including but not limited to those on Medicaid or PeachCare, those with inadequate insurance, and those without insurance at all, that have access to primary care services through an Urban FQHC. The Contractor’s efforts and these services should target patients that have been diagnosed with chronic hypertension.

The Parties agree that DCH retains Contractor to furnish all of the goods, services, and other deliverables as contemplated by this Contract, the RFP, the Contractor’s Proposal, Notice of Award (“NOA”), and any amendments (collectively the “Solicitation Documents”). In addition, the Contractor shall be subject to the terms and conditions set forth in this Contract.

In event of a conflict in language between the various documents incorporated into this Agreement, the provisions and requirements set forth in this Agreement shall govern and control without exception.

(Insert goods, services, deliverables below)